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VIA FACSIMILE: (703) 872-9326

PATENT
RAP04 P-582A

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Group Art Unit : 3653
Examiner : Jonathan R. Miller
Applicants : Gary P. Burns and Matthew R. Dubois
Serial No. : 10/018,268
Filing Date : October 30, 2001
For : DOCK-TO-DOCK RECEIVING AND DISPENSING FOR
POSTAL PROCESSING CENTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
Via Facsimile No. (703) 872-9326

Dear Sir:

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following papers are being facsimile transmitted to the Patent and Trademark Office on the date shown below:

1. Claims As Amended Transmittal Sheet (1 page, in duplicate).
2. Response (8 pages).
3. A copy of the Information Disclosure Statement filed May 13, 2002 (3 pages).

YOU SHOULD RECEIVE A TOTAL OF 14 PAGES.

Date: April 15, 2004

Susan L. Gasper
Susan L. Gasper
Van Dyke, Gardner, Linn & Burkhart, LLP
2851 Charlevoix Drive, S.E., Suite 207
P.O. Box 888695
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 P.O. Box 1450
 Alexandria, VA 22313-1450
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Dear Sir:

Transmitted herewith is an amendment in the above identified application.
 The fee has been calculated as shown below:

CLAIMS AS AMENDED

| | Col. 1 | | Col. 2 | | Col. 3 | | Small Entity | | Other Than Small Entity |
|---|----------------------------------|-------|---------------------------------|---------------|--------|-----------|--------------|-----------|-------------------------|
| | Claims Remaining After Amendment | | Highest No. Previously Paid For | Present Extra | Rate | Add'l Fee | Rate | Add'l Fee | |
| Total Claims | * 24 | Minus | ** 24 | = 0 | x \$9 | \$.00 | x \$18 | \$ 0.00 | |
| Independent Claims | * 5 | Minus | *** 5 | = 0 | x \$42 | \$.00 | x \$84 | \$ 0.00 | |
| First Presentation of Multiple Dependent Claims | | | | | \$140 | \$.00 | x \$280 | \$ 0.00 | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | \$ | | | \$ 0.00 | |

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3

** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

1. Small entity status of this application 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted or is enclosed.
2. No additional Fee is required.
3. A check in the amount of \$ _____ is attached.
4. Please charge any additional fees or credit overpayment to Deposit Account No. 22-0190.
 A duplicate copy of this sheet is attached.

VAN DYKE, GARDNER, LINN & BURKHART, LLP

Date: April 15, 2004

By Timothy A. Flory

Timothy A. Flory

Registration No. 42 540

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